CLAIMS ONLY

| SERIAL NO. | FILING DATE | 100033/9 | 12-06-0/. | APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	iND.	DEP.
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TOTAL IND.	4	1		1		1
TOTAL	6					
DEP.	8		5	W. W		
TOTAL CLAIMS	12					100

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
51			1	<u> </u>		<u> </u>
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TOTAL IND.		1		J _#		
TOTAL	 	- -		_ _ _		
DEP. TOTAL CLAIMS	+	5 1	3		8	41.2
CLAIMS	<u> </u>		*	MOS AS	**	STATE AND ADDRESS.

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-2022 (1-98)

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